

Request Form for Sign Language Interpreters, Assistive Listening Equipment or Other ADA Accommodation Need

1. Person who needs the accommodation. *Note if two or more persons need help for same court proceeding,*
 Name: _____
 Address: _____
 Telephone: (Home) _____ TTY* or Voice (Work) _____ TTY or Voice _____
 If a minor, also list name, address & telephone number of parent or guardian: _____

 If person has an attorney, also list name, address, telephone & fax number: _____

2. Caller's Name (If different than person needing accommodation): _____
 Address: _____
 Telephone: (Home) _____ TTY* or Voice (Work) _____ TTY or Voice _____
3. Requested Accommodation. (Please note if **multiple** users and their respective interpreter modalities or equipment needs.)
 - Sign Language Interpreter: ☐ ASL* ☐ Signed English ☐ Oral ☐ CDI* ☐ Other
 Describe need: _____
 - Assistive Listening Equipment: Describe need: _____
 Does requesting party wear a hearing aid? ☐ Yes ☐ No
 Does the hearing aid have a "T" switch? ☐ Yes ☐ No
 If yes, do you wish to use the "T" switch with assistive listening equipment? ☐ Yes ☐ No
 - Other equipment: _____
 Describe need: _____
 - If requesting party is bringing **own** assistive listening equipment, describe equipment and need: _____

4. Date(s) accommodation is needed: _____
 Time period accommodation is needed: _____
 Court, location & courtroom/judge/magistrate, if known: _____
 Case name, number & type of proceeding, if known: _____
 Role of person needing accommodation: _____
 (e.g., juror, attorney, witness, plaintiff, defendant, litigant)
5. Action Taken
 - Referral to _____ [Note specific contact person, CDHH Referral Service or Commission on the Deaf and Hard of Hearing (CDHH)]
 Phone: _____ Fax: _____ on _____ (Date/time)
 - Other: _____
 - Message taken by _____ on _____ (Date/time)

For court personnel:

-If request is to bring own assistive listening equipment, notify court clerk or that court's ADA contact person.
 -If request is to have court provide assistive listening equipment or CART or other accommodation, contact that court's ADA contact person.
 -If request is for Sign Language Interpreter, contact CDHH interpreter referral service at (401) 222-5300 or (401) 222-5301 (TTY) or via email at interpreter@cdhh.ri.gov; then fax request form to (401) 222-5736.
 Please send a copy of completed forms by mail or fax to the person(s) listed in Item 5, to the relevant court administrator or that court's specific ADA contact person, and to Gail Higgins Fogarty, Supreme Court.

Court personnel must confirm accommodation (or inability to accommodate) with the court user needing accommodation and/or that user's representative (e.g., attorney, guardian, etc.) and with the judicial officer or courtroom clerk, at least two days in advance of court proceeding.

If any questions, please contact:

State Court's ADA Deputy Coordinator, Gail Higgins Fogarty at (401) 722-4059
 TTY users via RI RELAY at "7-1-1" or by fax at (401) 721-2653

*ASL = American Sign Language CDI = Certified Deaf Interpreter TTY = Text Telephone